



Oklahoma State Department of Health
Creating a State of Health

EMResource Workgroup Meeting
January 18, 2019
1:30 – 3:30 pm
OSDH Room 1102

Meeting called to order:

The meeting was called to order at 1:30 pm by Marva Williamson.

Attending Members:

Brian Jones, EMSA Region 8; Kelly McCauley, LifeNet - Region 2; Joshua Garde, Tulsa Life Flight-Air Methods; Michelle Vega, RMRS - Region 1; Paulette Marshall, RMRS - Region 1; Eddie Sims, NRHS-EMSSTAT, OTERAC Region 6; Robert Stewart, RMRS MERC - Reg. 3; Jim Koch, Miller EMS - Region 1; Rena Scott, Saint Francis Hospital - Region 7, Bill Henrion, OSDH; Lori Strider, OSDH; Marva Williamson, OSDH; Brandee Keele, OSDH; David Share, OSDH; Linda Dockery, OSDH

Welcome and Introductions:

Each attendee introduced themselves and their affiliation.

Marva Williamson began by asking the group to review the meeting notes from the November 16, 2018 meeting, and asked for any comments or changes needed.

Business:

Marva requested we change the meeting time to 1:00 pm for the remainder of this workgroup's meetings. All attendees agreed, and will begin at the March 15, 2019 meeting.

Marva then gave a handout of the topics discussed during the November meeting, for the group to review.

- **Hospital Status:** Clarification is needed for the below items:

Discussion was as follows:

Total Divert

- EMSA controls the addition of time of divert status **only** within their respective metro areas of Tulsa and Oklahoma City.
- The timer on **Total Divert** was designed to assist facilities in times of great demand, to implement an immediate plan of action to maintain consistent patient care, and get organized.
 - Suggestions were made in the previous meeting to change divert timer to two hours.
 - Medical Control determines the amount of the timer for divert.
 - Each facility is responsible to make updates on their **ED status** to "open" after timer runs out, and failure to update may cause miscommunication. Trauma Plans and Bylaws state that failure to comply is to be reported to the CQI committees.
 - There was discussion to get the administration executives involved regarding going on and off of divert.

Caution

- From the previous meeting discussions, there was a suggestion that the number of available **Psych** beds should be added under **Caution**. Someone mentioned that if **CT Scan** is removed, we could add **Psych**.

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- **Trauma Level:** Clarification was made by Marva Williamson that Trauma Level could be removed or deleted. All attendees agreed. Discussion proceeded that rural locations and TReC representatives may need this information.
- **CT Scan:** The group discussed removing **CT Scan under ED Status**, as it is duplicated on the main columns. The conflict mentioned was that facilities would need to be educated on this subject.
- Therefore, the comment on the table handout for **CT Scan** “to be removed” will be cancelled at this time, and will be discussed in future meetings in order to come to a consensus.
- **Neuro:**
Discussion was as follows:
 - If **CT Scan** is not available in a facility, then **Neuro** is not available.
 - There was a suggestion that **Neuro** should be changed to **Stroke**. There is legislation in place for stroke, therefore, it can be added to EMResource.
 - **Neuro** should tell users of the capabilities the facility has for stroke patients to be taken care of accordingly.
 - A suggestion was brought to the table to add a dropdown menu to include I, II, and III for levels of Stroke. Members thought this may be too confusing for the user to understand what the meaning is for each.
 - Another suggestion to add a column that states **Interventional Stroke** with dropdown menu of **yes and no**.
 - There is a stipulation that a Stroke Center can never go on Divert.
 - There was a question for the developer if there can be a comment box if Stroke is added.
- **Card:** Change **Card** to **Interventional STEMI**, however this cannot be added until there are rules in place. Also, it was requested to have a drop down menu on **Card**, to identify what is needed for a cardio patient, (i.e., **Stemi, Cath Lab**). There was a request to enter information such as availability times. Bill Henrion would need to speak to the developer about that as an option. There were questions regarding if a comment can be made, and there are comments in the blue triangle in the corner of the box.
- **NEDOCS:** A handout was given regarding the working guidelines for NEDOCS. Discussion took place regarding if the colors used on NEDOCS are going to be universal. **Disaster** means something different on NEDOCS in hospitals than for EMS. Recently Region 7 locations performed a trial run of NEDOCS, and it is currently being used. Rena Scott gave a brief update of changes in the hours of divert that have occurred since the NEDOCS trial run. Brian Jones gave information regarding how the roll out of NEDOCS state-wide for hospitals will have a big impact and help them to have a plan in place to be prepared for busy surge times. The Dan Whipple spoke to the group regarding EPIC Electronic medical records, and believes that EPIC may be able to have instantaneous updates through Juvare. Dan’s Colleague is following up on this item and will give him updates on the process.
- There was discussion to add **Pediatrics** to the column headings.
- Suggestions were made for a representative from TReC to be invited to the workgroup meetings. TReC representatives will be invited and encouraged to attend the future meetings.

Conclusion:

There were some discrepancies mentioned during discussions, as training would need to be implemented to the facilities to make sure they are entering and updating EMResource regularly and efficiently. Educating the administrators of how effective EMResource is and how it could save or create more revenue for their facility, may help them be more likely to use it. A request was made to have rural representatives and TReC attend the workgroup meetings. The group suggested that the information discussed should be taken to RTAB Meetings in the 3rd quarter, and send a letter to facility Administrators prior to the meeting. Marva Williamson stated we would pull together the changes requested during this meeting and have it available at the next meeting.

Next Meeting:

March 15, 2019; 1:00 to 3:00 pm; OSDH Room 1102

Meeting Adjourned:

3:30 pm